Talking Tools I

Better Physician-Patient Communication for Better Patient Outcomes

An Interactive Presentation for Practising Physicians

Health Canada Santé Canada

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Talking Tools
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Talking Tools I

Better Physician-Patient Communication for Better Patient Outcomes

An Interactive Presentation for Practising Physicians

Our mission is to help the people of Canada
maintain and improve their health
Health Canada

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Outils de communications 1

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Presenters, Read Me First!

Talking Tools I is an hour-long interactive presentation kit aimed at helping to raise physicians' awareness about the importance of patient-physician communication.

It is designed to be delivered by a single presenter to groups of practising physicians. While the kit uses the example of breast cancer to demonstrate the importance of good patient-physician communication, it can be used by physicians working in any medical specialty.

The presentation is divided into four major components in which presenters give a brief overview of the issues and background related to the initiative, show a short video, lead the group in a role play and discussion sessions based on the video, and summarize the presentation's goals and findings. Included in the kit are a video (on CD-Rom), a presenter's guide and supporting overhead transparencies (on CD-Rom), and participant handouts. Presenters will require a laptop or computer and monitor.

Presenters do not require formal training or expertise in communications — a few hours of preparation, enthusiasm and commitment are the main ingredients for success.

Foreword

Increasingly, physicians are recognizing the key role that effective communication plays in improving patient health outcomes and physician satisfaction. This presentation kit is designed to further raise awareness about the issue of patient-centred communication and to encourage physicians to practise and improve their skills in this area.

While the focus of the kit is on communicating with women about breast cancer, the skills and techniques described are more widely applicable to a range of patient-physician interactions.

We invite you to use the presentation kit whenever you can to help get the communication message out to your colleagues. We have tried to make the kit as easy to use as possible. The presentation is brief; it requires minimal preparation or equipment; and it can be adapted for use with groups of any size. The kit also provides selected handouts which can be photocopied and distributed to participants.

Talking Tools I is not intended as a template for the "perfect" physician-patient interview but rather to highlight some practical approaches that physicians can use or adapt to enhance patient communication. *Talking Tools II* — a long version of the course is also available. Our goal is to provide physicians with a variety of resources on communication issues and techniques. By working together we can ensure that physicians across the country have the tools they need to do their job.

We thank our colleagues on the Coordinating Committee for their work in developing *Talking Tools I*, with special thanks to Dr. Michel Talbot, Chair of the Curriculum Working Group, Suzanne Inhaber and Dr. Jean Parboosingh of Health Canada for their unflagging commitment to the effort.

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About This Kit

A. An Overview

Talking Tools I is an interactive presentation intended *to* be given *by* practising physicians *to* other physicians. It includes a 12-minute video, an annotated presenter's guide and supporting overhead transparencies, as well as handouts for participants. The entire session — including an audience role play activity, review of the video and general discussion — is designed to take approximately 60 minutes. A laptop or computer and monitor are required.

Talking Tools I is the first step in a broader initiative designed to improve physician-patient communication. A more in-depth course entitled *Talking Tools II* has also been developed.

B. Objectives and Rationale

The primary objective of this kit is to raise physicians' awareness about:

- the importance of effective physician-patient communication; and
- the fact that physician communication skills can be learned and improved (e.g., through feedback and self-assessment techniques).

The presentation uses the example of breast cancer to demonstrate the importance of good physician-patient communication. However, the presentation materials and video are designed to be used by physicians working in any medical specialty.

Getting Real

The *Talking Tools I* video shows some techniques and tools physicians can use for communicating effectively with their patients. It is not intended to depict the "perfect" physician-patient interview; rather it demonstrates one approach to successful communication in a "real life" situation.

C. The Evidence — Effective Communication Makes a Difference

A substantial body of literature exists showing the impact of physician-patient communication on patient satisfaction and health outcomes, and on physician job satisfaction. Consider the following:

- In a (1994) review of 21 studies, 16 showed positive and significant relationships between various aspects of communication and patients' health outcomes — including recovery of psychological and functional status, symptom recovery and recovery from emotional problems. The studies included 11 RCTs and 10 cohort or cross-

sectional studies, many demonstrating statistically significant associations between communication variables and patient recovery.

- Communication has a demonstrated impact on patient outcomes, such as blood pressure, blood sugar control and functioning after treatment.
- Today, many medical schools across Canada recognize communication skills as a clinical skill — a number of residency programs have included teaching of such skills into the curriculum. However, most of the physicians currently in practice missed this opportunity for direct, focused training on what is rapidly becoming recognized as a foundation for excellence in patient care and physician practice.

D. Background — The Canadian Breast Cancer Initiative

In December 1992, the federal government announced the Federal Breast Cancer Initiative, totalling $25 million over five years. One of the key elements of this initiative is the continuing education of health professionals in the area of breast cancer. Members of the Professional Education Strategy (PES) looked to the recommendations of the 1993 National Forum on Breast Cancer to narrow the focus of their activities.

Recommendation 27:
To give high priority to the development and evaluation of communication skills training that targets practising health professionals — particularly oncologists and surgeons — and health sciences students. Such training should be based on respect for individual rights and choices and the importance of shared decision-making.

Some Important Notes for Presenters

Following are some useful guidelines for organizing and delivering presentations, and facilitating group discussion.

Preparation is key

- Review the video and script several times, making note of important cues, signals and messages coming from both Mrs. Wilson and her physician.
- Review and select the overheads you'll be using, bearing in mind that the kit is designed to be adapted to individual experiences, preferences and styles.
- Read over the speaking notes corresponding to the overheads and decide if you want to use them "as is," edit them, or even use them at all.
- Familiarize yourself with the overall timeframe for the presentation and establish milestone times for the beginning and end of key stages of the presentation.
- Make sure you have a laptop or computer and monitor and that you have something on which you can make notes (e.g., a blackboard, flip chart and marker, blank acetates and pencil).
- Ensure that you have sufficient copies of the evaluation form and handouts.

Giving an effective presentation

- Keep in mind your reasons for making the presentation and make these clear to your audience throughout.
- Make clear linkages between the main ideas you want to convey, summarizing at key stages.
- Repeat key points throughout your presentation to be sure that your message is heard.
- Use an expressive voice that varies in range, pitch, rate, force and quality. Emphasize key points by: using pauses before and after; using a higher or lower pitch; speaking more slowly.
- Use effective body language throughout the presentation — eye contact, posture, arm and hand gestures, etc. — to reinforce the main points.
- Attend to how your audience is receiving what you have to say, noting interest, unrest, talking, etc.
- Be yourself. There is no absolute right or wrong way to deliver a presentation. What works for one person may not work for another. For example, if you don't tell jokes, don't try to tell them in the presentation. Do it your own way.

Leading the discussion

- Keep the pace of the discussion moving.
- Bring the discussion back on track when it threatens to go off in another direction.
- Listen to and synthesize key discussion points.
- Demonstrate your own enthusiasm and commitment to the goal of improved physician-patient communication.
- Be positive and supportive of participants' efforts and suggestions.
- Congratulate participants for their initiative and "courage" in trying what, to some, may be a new and slightly threatening exercise.
- Emphasize to participants that communication skills are something they can, and should, work on and improve.

A few tips about crowd control

- Be alert to potentially disruptive situations — for example, participants who try to commandeer the discussion or who are extremely emotional about the issue.
- Acknowledge everyone's point of view as important but stay impartial to all the ideas presented.
- Before the workshop, approach people who tend to speak too frequently and ask for their assistance and cooperation in drawing out more reserved participants.
- Watch for body language that signals anger or frustration — change the subject or recess for a short break if necessary.

A starting point

Talking Tools I is an important starting point for raising awareness and building commitment to improve physician-patient communication. Developing effective communication skills calls for ongoing self-assessment, and practising new techniques that bring the best results for both patient and physician. *Talking Tools II*, a longer version of the kit, expands on the tools and techniques presented here.

The Presentation at a Glance

Talking Tools I is an interactive presentation, which requires a maximum of one hour to complete. It is designed to be delivered:

- by a single presenter — in a setting such as a library or lecture room
- to groups of practising physicians — including family physicians, radiologists, surgeons and oncologists — ranging in size from a handful of drop-in participants during lunch break, to a scheduled session for more than 100.

A short, two-part video is the focus of the presentation, which also includes a brief role play activity, and a set of questions to guide group discussion. Overhead transparencies are provided for the presenter's use (CD-Rom).

Talking Tools I includes four main components, each of which is described briefly below:

Introduction: the presenter outlines the purpose and duration of the presentation, defines "effective communication" and outlines the importance of effective physician-patient communication. **10 minutes**

Video: Part I with Discussion, and Role Play with Discussion: the presenter provides an overview of the Breast Cancer Vignette Video: Part I, shows this segment of the video, leads a brief discussion of it, then explains the role play activity to participants, who carry it out and discuss their experiences. **30 minutes**

Video: Part II with Discussion: the presenter shows Part II of the video, then leads a discussion, focusing on what actually happened in the video and how things might have gone differently. (A third segment of the video — a "critical reflection" of the physician-patient interaction — is included as an *option*. Allow an additional 5 minutes if you choose to use this.) **15 minutes**

Wrapping it Up: the presenter summarizes the discussion session and reviews the importance of communicating well, its contribution to positive health outcomes and physician satisfaction, and the need for physicians to practise and obtain feedback through self-assessment. Finally, the presenter responds to questions, distributes the handouts and thanks participants. Participants are also asked to complete a brief evaluation form. **5 minutes**

Leading the discussion

- Keep the pace of the discussion moving.
- Bring the discussion back on track when it threatens to go off in another direction.
- Listen to and synthesize key discussion points.
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2

Presenter's Script

Overheads and Suggested Script for Presenters

This section of the kit includes the presenter's script and copies of the corresponding overheads for the following:

Introduction

Video: Part I with Discussion, and Role Play with Discussion

Video: Part II with Discussion

Wrapping It Up

The script is provided for guidance. Your presentation will be most effective if you speak to the overheads rather than read from the script. Practising the presentation a few times will help you to develop your own "mental script" so that you'll be able to make the presentation as informal as possible.

Introduction

Key information for presenters

- timing: 10 minutes overall
- approach: a straightforward presentation designed to get 'information out' to participants; includes overhead acetates
- key messages:
  - ➤ good physician-patient communication contributes to positive health outcomes (i.e., it can help you to do a better job)
  - ➤ physicians can expand and improve their communication approaches in order to meet a range of patient needs and circumstances
  - ➤ practice and self-assessment are excellent means of acquiring and honing communication skills

Talking Tools 1

Better Physician-Patient Communication for Better Patient Outcomes

Developed as part of the
Canadian Breast Cancer Initiative, Health Canada

Introduction:	10 minutes
Expected Start Time:	
Expected Finish Time:	

- Thank you for coming today.
- Good to see (so many of you) interested in the important issue of physician/patient communication.
- It's likely that you had to make time in a very busy schedule in order to get the most out of this brief session.
- I urge everyone to participate fully.

Introduction

Overview:

- one-hour interactive presentation with case study (video) and role play
- developed by Health Canada's Breast Cancer Initiative (Professional Education Strategy)
- designed for practising physicians
- uses breast cancer as vehicle — transferrable to any health issue

Goal:

- to raise awareness of the importance of patient-centered communication

Objectives:

- to demonstrate importance/benefits of effective communication
- to encourage review of approaches and consider new ones

Overview:

- presentation was designed to be given by practising physicians, to practising physicians
- while the focus of the kit is on communicating with women about breast cancer, the skills and approaches described are more widely applicable to a range of patient-physician interactions

What to expect:

- identification and acknowledgement of shortcomings in physician-patient communication
- a brief overview of the rigorous scientific evidence that effective communication can have a significant impact on both physician and patient satisfaction and on patient health outcomes
- a brief video re-enactment of a physician-patient interview that demonstrates the importance of communicating well
- the opportunity to practise good communication skills through a one-on-one role play situation, followed by group discussion

Introduction

Is there a problem?

- 50% of all patient complaints and concerns are not elicited by physicians.
- In 50% of visits, patient and physician do not agree on the nature of the problem.
- On average, physicians interrupt patients 18 seconds into the patient's description of the problem.
- Most malpractice suits are due to communication errors, not competency.
- Patients' most common complaint is lack of information from their physicians.

Is there a problem?

- Evidence suggests that problems with physician-patient communication are common. For example, epidemiological studies show that:

  - ➤ 45% of patients' concerns about their problems are not elicited by physicians
  - ➤ 50% of psychosocial and psychiatric problems are missed by physicians
  - ➤ in 50% of visits the patient and physician do not agree on the nature of the main presenting problem

- Moreover, physicians interrupt patients, on average, 18 seconds into the patient's description of the presenting problem; the majority of malpractice suits arise from communication errors not competency errors; and patients' most common complaint is the lack of information provided by physicians.

- It is clear that, as a group, physicians could improve this situation.

Introduction

The Evidence

A. Patient Outcomes

- improves patient satisfaction
- studies show better health outcomes
- studies identify elements of effective communication

The Evidence

A. Patient Outcomes

- There is a great deal of evidence to support the impact of communication on patient satisfaction and outcomes: in a 1994 review of 21 studies, 16 showed positive and significant relationships between various aspects of communication and patients' health outcomes — including recovery of psychological and functional status, symptom recovery and recovery from emotional problems. Studies included 11 RCTs and 10 cohort or cross-sectional studies, many demonstrating statistically significant associations between communication variables and patient recovery.

- Demonstrated patient health outcomes include: improved blood pressure, blood sugar control; and better functioning after treatment.

- A 1986 cohort study showed that patients who felt they had discussed their headaches fully with their physicians were three times more likely to have recovered after a year than those who did not feel they had had such a full discussion.

- Studies identify some of the key elements of effective communication to be:

  - physician asks many questions
  - physician shows support and empathy
  - patients express themselves fully
  - patients feel that the problem has been fully discussed

- Many medical schools now recognize communication skills as a clinical skill — a number of residency programs have included communication skills in the curriculum.

Introduction

The Evidence

B. Physician Outcomes

- Physicians most dissatisfied when:
  - dealing with patients' emotions
  - they don't understand patient needs
  - there is medical uncertainty
- Physicians' satisfactions include:
  - dealing with patients and relatives
  - continuity of care
  - health education role
  - collegial relationships with patients

B. Physician Outcomes

- A review of 17 studies on physician satisfaction show that the majority of physician dissatisfaction stems from one-to-one communication with patients.

- In particular, physicians are most dissatisfied when dealing with patients' emotions, when they have difficulty understanding what the patient wants, and when there is any medical uncertainty.

- Offsetting these dissatisfactions, the literature describes physicians' satisfactions as including: dealing with patients and relatives together; providing continuity of care; performing a health education role; and establishing collegial relationships with patients.

- Two rigorous analytic studies show that physician satisfaction is related to medical labelling, social chatting, a visit where a prescription was warranted, and conducting a physical examination. Of note, the less need there was for the physician to provide emotional support, the higher the physician satisfaction.

Talking Tools I

Introduction

Elements of Effective Physician-Patient Communication

A two-way, dynamic process, which includes:

- Listening
- Body language
- Clarifying or "checking" (when needed):
  - ➤ what patient said
  - ➤ patient's understanding of what physician said
- Handling emotions:
  - ➤ empathy and support
- Other elements ...

Elements of Effective Physician-Patient Communication

Good physician-patient communication is a dynamic, two-way process that has a number of key components, including:

- Listening — the patient has ample opportunity to explain why she came — including a full explanation of her symptoms and concerns.
- Body language — watching and interpreting non-verbal cues that indicate anxiety or distress.
- Clarifying or "checking" (when needed) — includes verifying what the patient said and checking on the accuracy of your interpretation, as well as verifying that the patient understood your explanation/instructions.
- Handling emotions — expressions of empathy or support during the interview are important; these may include both verbal and non-verbal gestures, such as facial expressions and touching.
- There are many other elements to effective communication that we will be raising in our discussions and in the role play activities.

Introduction

A Recap

- Good physician-patient communication contributes to positive health outcomes and enhanced satisfaction.
- Physicians can use a variety of communication approaches to respond to a wide range of patient needs and circumstances.
- Physicians can improve and expand their communication skills through practice and self-assessment.

A Recap

To sum up:

- Research shows that the quality of physician-patient communication can affect patient health outcomes and both physician and patient satisfaction levels.

- Physicians can use communication approaches and techniques involving, for example, listening, supportive body language and asking clarifying questions, to respond to the needs of their patients.

- Like other learned skills, communication skills can be improved and expanded. Practice and the use of self-assessment techniques are important tools for helping physicians enhance these skills.

Video: Part I with Discussion, and Role Play with Discussion

Key information for presenters

- Timing: 30 minutes overall, including introducing and showing the video, discussing it briefly, and 20 minutes for the role play and discussion.
- Approach: show the video, giving minimal direction about what participants should watch for, lead a discussion about what participants saw, then introduce the role play and allow participants to carry it out on their own. Following the role play, lead a brief discussion about participants' experiences.
- Key messages:
  - communication is an important element of the physician's job
  - paying attention to patient "cues" is important (i.e., verbal and body language messages)

About the role play

This is a role play situation for pairs. Ask participants to assume the roles of Mrs. Wilson and her physician and re-enact what they saw on the video — only this time try to improve on the physician's communication approach. "Mrs. Wilson" is anxious and resistant to her physician's questions. The "physician" uses his/her communication skills to ensure a positive outcome for the session.

- Timing: approximately 15 minutes, including:
  - 2-minute introduction to the activity
  - 10 minutes for role play (each partner playing one role for 5 minutes, then switch roles for another 5 minutes)
  - 2 minutes to jot down techniques that physician could have employed
- Approach:
  - introduce the role play activity, reviewing the situation from both Mrs. Wilson's and her physician's perspective
  - ask participants to divide into pairs around the room
  - at the half-way point (5 minutes), ask participants to change roles
- Key messages:
  - communication skills can be improved/learned through practice
  - congratulations to "real" physician in video, and to those here today for taking the risk to do role play

Video Part I:
Breast Cancer Vignette

- Three-minute portrayal of a physician-patient consultation.

- Watch for:
  - Why has Mrs. Wilson come to see her physician today?
  - How does her physician read the situation and react?

Video Part I Discussion, Role Play: 30 minutes
Expected Start Time:
Expected Finish Time:

Video Part 1: Breast Cancer Vignette

- What we'll be seeing now is a very brief portrayal of a physician-patient consultation, involving a real physician; I think both people in the video showed a lot of courage in taking on this challenge, and they should be congratulated for their efforts and the result.

- I'll give you a little background before we begin:

  - Mrs. Wilson is a 55-year-old widow with a breast lump
  - husband died two years ago
  - last visit five years ago; declined Pap smear and mammogram
  - never had a serious illness or been pregnant
  - only sister died of breast cancer ten years ago, nine years after diagnosis was made

- While you are watching the video, pay special attention to why Mrs. Wilson has come to see her physician today. What does she want/expect from her physician? What does she say and do to indicate what her expectations are?

- How does Mrs. Wilson's physician read the situation and react to it?

Now Show Video, Part I.

Video Part I: Discussion

Describe what you saw in the video:

- What were the patient's needs? What clues did she give?
- How did the physician handle the interview (communication perspective)?
- What outcome was the interview headed for?

Discussion — Video Part 1

- I'd like to have a brief discussion about what you saw in the video. While we talk, I'm going to write down some of the things I hear and we'll go over them at the end of the presentation.

- First, let's talk about the video:

  - what did Mrs. Wilson want when she came to see her physician?
  - what kinds of clues did she give about what she wanted — both verbal and non-verbal?
  - how do you think her physician handled the interview from a communication perspective?
  - what approaches did he use?
  - how do you think things are going up to this point? do you think the interview is headed for a positive outcome?

Prompts (if participants don't raise these points, draw attention to them):

  - The physician:
    — does not see or hear patient cues re: anxiety
    — is not empathetic
    — escalates patient's anxiety by using "loaded" medical/surgical terminology

- Thank you very much for your input. Now let's try practising what we've just talked about.

Role Play:
Getting off on the right foot ...

Characters:

- You are "playing" Mrs. Wilson ...

  ... respond to physician's communication

- You are "playing" the physician ...

  ... read the situation and respond using appropriate communication skills

When you have finished:

- Jot down some of the communication approaches you used.

Role Play: Getting off on the right foot ...

- We've seen the video and how one physician read and responded to a situation — specifically to Mrs. Wilson and her breast lump — and discussed how the interview got "off track." Let's try practising good communication skills to see if we can achieve a more positive outcome.

- I'm going to ask everyone to separate into pairs to do a role play re-enacting the situation you've just seen. One of you will play Mrs. Wilson and one will play her physician. Please get into pairs quickly because we don't have much time and it's important that each member of the pair gets a chance to play both roles.

- **If you are playing Mrs. Wilson**, respond to your physician's communication approaches just as you think she might, given her concerns, her history and her symptoms.

- **If you are playing Mrs. Wilson's physician**, read the situation as well as you can and respond using appropriate communication skills and approaches.

- I'll let you know when it's half-time (at approximately the five-minute mark) and you can switch roles. When you have finished, jot down some of the communication approaches that you and your partner used — ones that you think the physician in the video might have used more effectively.

Now Do Role Play.

Talking Tools I

Role Play: **Discussion**

Identify the communication skills/approaches that you and/or your partner used in the role play (in the physician's role).

- How effective were your approaches?
- Are there other techniques/approaches that you or the physician in the video might have used instead of, or in addition to, those you saw used in the video?

Discussion: Role Play

- Now that everyone has had a chance to practise their communication (and acting!) skills, I'd like to hear how you did. What techniques did you and/or your role play partner use to ensure a positive outcome to the interview?

  - ➤ did they seem to be effective in reaching Mrs. Wilson and addressing her needs?

  - ➤ what, if any, other approaches might you or the physician in the video have used to good effect?

A Recap

- Communication is an important element of the physician's job.
- Some of the communication approaches physicians can use to manage a patient interview successfully include:

  —

  —

  —

A Recap

- We've seen that communication is an essential element of the physician's job. Moreover, there can be negative outcomes if the physician does not respond appropriately to a patient's verbal and non-verbal cues.

- A range of communication approaches and techniques are available to help physicians manage a patient interview successfully. We've talked about some of them today, including ... (recap earlier comments).

- Now let's have a look at the rest of the video to see if Mrs. Wilson's physician can put his communication skills to work and save the situation.

Now show Video Part II.

Video: Part II with Discussion

Key Information for Presenters

- Timing: 15 minutes overall (including video and discussion).
- Approach: facilitate the discussion, listening and repeating what you hear from participants, without offering your own opinions.
- Key messages:
  - ➤ communication skills can help physicians and patients to find "common ground"
  - ➤ communication approaches can be tailored to meet patient needs/circumstances

Talking Tools I

Video Part II: Discussion

- Describe what you saw:
  - ➤ What was different in Part II?
  - ➤ What communication approaches did the physician use?
  - ➤ How did Mrs. Wilson respond?

- What other approaches might the physician have used?

Video Part II and Discussion: 15 minutes
Expected Start Time:
Expected Finish Time:

Discussion — Video Part II

- Now that we've seen the outcome of the interview, I'd like to talk about it briefly. Can you tell me:
  - what was different in Part II of the video?
  - what communication approaches did Mrs. Wilson's physician use to prevent her from leaving and to turn the interview around?
  - how did Mrs. Wilson respond to her physician's new approaches?

Prompts (if participants don't raise these points, draw attention to them):

- The physician:
  — apologizes for lack of sensitivity
  — touches the patient's hand
  — acknowledges patient's anxiety and reason for it

- Are there any other approaches that you think Mrs. Wilson's physician might have used to ensure a positive outcome to the interview?

OPTION: Show "critical reflection" segment of video, only after discussion (if at all). Allow an extra five minutes.

Talking Tools I

A Recap

- Communication skills can help physicians and patients to find a common ground.

- Communication approaches can be tailored to meet the needs of a particular situation and/or patient.

A Recap

- From what we've seen and heard you can see how effective communication approaches can help to establish mutual understanding and trust between physicians and patients.

- We've also seen the importance of a flexible approach and how various communication techniques can be used and adapted to meet the needs of individual patients.

Wrapping It Up

Key information for presenters

- Timing: 5-minute wrap-up.
- Approach: broadly review what you said in the introduction, and what you heard in the discussion.
- Key messages:
  - good physician-patient communication contributes to positive health outcomes (i.e., it can help you to do a better job)
  - physicians can expand and improve their communication approaches in order to meet the range of patient needs and circumstances
  - practice and self-assessment are excellent means of acquiring and honing communication skills

Wrapping It Up

In Summary:

- Patient and physician dissatisfaction is common.
- Little/no communication training for physicians.
- Research supports relationship between good communication and positive patient health outcomes.
- Both patient and physician satisfaction can be improved.

Wrapping It Up:	5 minutes
Expected Start Time:	
Expected Finish Time:	

Wrapping It Up

- I'd like to briefly summarize the key points that form the basis of this presentation.

- First of all, both patients and physicians are dissatisfied with the current state of affairs. And we know how to make it better. The literature on the effects of communication on patient satisfaction and health outcomes are unequivocal and huge. And 25 years of rigorous clinical research shows that improving physician-patient communication has a strong impact on physicians' job satisfaction. For example:

  - ➤ studies show unequivocal and significant relationships between various aspects of communication and such health outcomes as psychological and functional status, symptom recovery and recovery from emotional problems. Demonstrated health outcomes include improved blood pressure, blood sugar control and better functioning following treatment.

  - ➤ the majority of physicians' dissatisfaction stems from their one-to-one communications with patients — in particular, dealing with patients' emotions, when they don't understand patients' needs, and dealing with medical uncertainty

- As it stands, most physicians who have been out of school for any length of time have never received any training in communication skills — it just wasn't on the agenda 10 or 15 years ago. Even for doctors going through medical school today, communication training often isn't a real area of emphasis.

Talking Tools I

Wrapping It Up

Communication skills can be:

- learned, practised and improved — on the job
- adapted and personalized by each physician
- adjusted to meet patient needs and personalities
- time saving — get on same "wavelength" from the outset

Wrapping It Up

- Many of us know from our experiences in practice and here today that communication skills can be learned.

- We can practise and improve our skills in training sessions such as these or on the job. We certainly have the opportunity to practise these skills — many of us see thousands of patients a year.

- We can adapt and personalize our communication approaches to meet our personal preferences, styles and experiences.

- We can adjust our approaches as required to meet the broad range of patient needs and personalities.

- We can even save time in the bargain — by getting on the same wavelength with patients right from the outset, we will be better able to anticipate and respond to their concerns.

Talking Tools I

Wrapping It Up

Key communication approaches include:

- Listening
- Body language
- Clarifying/checking:
  - ➤ what patient said
  - ➤ what patient heard
- Handling emotions
- Other approaches, including ...

Wrapping It Up

- As we saw in the video and in the role plays, there are a number of elements to effective communication, including:
  - ➤ listening
  - ➤ body language
  - ➤ clarifying/checking that we interpreted what the patient said correctly and that the patient understood what we said
  - ➤ handling emotions, by expressing empathy and support when it's needed
- In our discussions, we also identified some other important elements of communication, including (refer back to your notes from the discussion).

Wrapping It Up

Goal

- To raise awareness of the importance of patient-centered communication.

The objectives of today's session were:

- To demonstrate importance/benefits of effective communication.
- To encourage review of approaches and consider new ones.

What do you think?

- Please complete the brief evaluation sheet before leaving.

Wrapping It Up

- Finally, I'd like to review what it was that we were doing here today. And before you leave, I'd ask that you complete an evaluation form to tell us if we actually accomplished what we set out to do.

- Our overriding goal for today's session was to get the message out about the importance and benefits of patient-centered communication.

- We also wanted to encourage you to think about the kinds of communication approaches and skills you've been using up to now, to assess how well they're working, and to consider using some new ones in your practice.

- Communication skills can be learned, but they need to be constantly assessed, expanded on and improved if they're to work effectively.

- We also wanted to plant the seeds to encourage you to take things just a bit further — to work on your own to improve your communication skills.

- As a final note, I'd like to thank everyone who took the time to come out today. I hope that it has given you food for thought. We realize that this has only scratched the surface. A longer version of this course has been developed — *Talking Tools II*. It expands on the issues and techniques presented today.

Breast Cancer Video Script

PHYSICIAN: Hi, Mrs. Wilson. Good to see you again. How can I help you today?

MRS. WILSON: I don't think it's very important doctor and that I'm maybe taking up your time, but I've noticed a very small lump in my breast.

PHYSICIAN: How long have you had that lump for?

MRS. WILSON: Oh, about two months, maybe longer. I'm not exactly sure.

PHYSICIAN: Any other problems with it at all?

MRS. WILSON: No. None.

PHYSICIAN: No swelling, no discharge, no pain?

MRS. WILSON: Nothing.

PHYSICIAN: No discolouration?

MRS. WILSON: No. No.

PHYSICIAN: All right. Any particular concerns with it all?

MRS. WILSON: Well, I don't think it's very important — but, I'm sure it isn't — but I just thought I would come in and let you check it.

PHYSICIAN: Okay, so what you want me to do is just check it out.

MRS. WILSON: Yes please.

PHYSICIAN: Okay. Well, why don't I step out and a nurse will get you a gown. I'll come in and I'll check it and then we'll take it from there. How would that be?

MRS. WILSON: Thank you.

PHYSICIAN: Okay, give me a moment.

[FADE]

PHYSICIAN: Hi. You do indeed have a lump there — quite a large lump.

MRS. WILSON: Oh, it was a small one.

PHYSICIAN: Either way ...

MRS. WILSON: It was.

PHYSICIAN: Sure, I'm sure. And I think what we need to do is quite quickly move ahead and get a biopsy.

MRS. WILSON: A biopsy?

PHYSICIAN: Well, you know, it could be quite serious, and the best thing to do is get a biopsy and I think what we can do is get that set up and do that quite quickly.

MRS. WILSON: I'm not here to have a biopsy. I just came to have it checked.

PHYSICIAN: Well, I still think it's really important. It's really important to get checked because it could be quite serious.

MRS. WILSON: I'm not prepared for that. So thank you very much for seeing me.

[BREAK FOR ROLE PLAY AND DISCUSSION]

MRS. WILSON: I'm not here to have a biopsy. I just came to have it checked.

PHYSICIAN: Well, I still think it's really important. It's really important to get checked because it could be quite serious.

MRS. WILSON: I'm not prepared for that. So thank you very much for seeing me.

PHYSICIAN: Well, maybe I've been a little quick and a little abrupt Mrs. Wilson. It's obviously been — you know that was quite shocking news I gave you. And maybe you could just tell me — you look really upset — can you tell me what that's been like for you.

MRS. WILSON: Well I think ...

PHYSICIAN: Umhumm ...

MRS. WILSON: You're telling me what — really — that's it's serious.

PHYSICIAN: Yes, it could be serious. Umhumm. Yeah, it could be. You must be very scared.

MRS. WILSON: (pause) I've been through this already with my sister.

PHYSICIAN: Yes? You have? In what way?

MRS. WILSON: She had the same thing. And she had all the treatment and on and on and on — and she still died.

PHYSICIAN: That must have been awful for you.

MRS. WILSON: She still died ... (crying) ... I'm sorry.

PHYSICIAN: No, that's perfectly okay. Well, no wonder this is very distressing for you — not only for me to tell you you have a lump, but not knowing what you've seen before with your sister.

MRS. WILSON: I don't really want to talk about it.

PHYSICIAN: That's perfectly okay.

MRS. WILSON: I don't.

PHYSICIAN: That's okay and that's not a problem. Maybe what I might suggest, and knowing how upsetting this is, is going out, maybe setting up another appointment in a few days — no rush — giving you some time to think about it, and when you talk to your family and friends ...

MRS. WILSON: I'm on my own now.

PHYSICIAN: Sure. Well that's okay. But if there's any support or anything else, or just thinking about ... and when you come in with — I'm sure you've got lots of questions, things you may be concerned about or information you may need to know. But if we give it a few days and let you think about it, all right, and then you can come back and then we can talk about it. I think it's important, you know, to move — you know, after we talk about it, it's your decision — whatever you want. I'll tell you what I think will be needed and what might be some of your choices. But after that, it's really up to you. How would that be?

MRS. WILSON: I can't think about it right now.

PHYSICIAN: That's perfectly understandable. It's been quite a shock.

MRS. WILSON: Yes it has.

PHYSICIAN: Umhumm.

MRS. WILSON: It has.

PHYSICIAN: So how would that be? If we set up another time ...

MRS. WILSON: I'm sorry. What did you say?

PHYSICIAN: Well, what I suggest is that we set up another appointment in a few days time and we'll give ourselves lots of time. And it will give you an opportunity to ask any questions — talk about what you're concerned with, and then I'll do my best to answer those questions. And then you can decide what you would like to do — whether you want treatment or investigations or whatever you would like to do. How would that be with you?

MRS. WILSON: That sounds as much as I can manage I think. Thank you.

PHYSICIAN: I can appreciate that. Is there anything else I can do for you today?

MRS. WILSON: I think you've done enough.

PHYSICIAN: So why don't we go on and I'll set up that appointment now. How would that be?

MRS. WILSON: Yes. Thank you.

PHYSICIAN: Okay, why don't we go and do that now.

[CRITICAL REFLECTION]

(Optional: Physician assesses the interview.)

Participant Feedback

Please take the time to answer the following questions on the content and format of the presentation, and leave the completed form with the presenter.

1 Please rank the overall quality of the *Talking Tools I* presentation (on a scale of 1-5, 1 being highest) in terms of:

	1 (highest)	2	3	4	5 (lowest)	don't know/ can't say
a) useful learning opportunity	❑	❑	❑	❑	❑	❑
b) enjoyable learning opportunity	❑	❑	❑	❑	❑	❑

2 Please indicate how useful you found the following elements of *Talking Tools I*:

	essential	useful	not particularly useful	dispensible	don't know/ can't say
• research supporting the importance of effective communication	❑	❑	❑	❑	❑
• video	❑	❑	❑	❑	❑
• role play	❑	❑	❑	❑	❑
• discussion	❑	❑	❑	❑	❑

3 Would you be willing to participate in a longer (i.e., half-day) session on improving communication skills?

❑ yes ❑ no

4 Would you be willing to act as a presenter/facilitator for a *Talking Tools* session?

❑ yes ❑ no

If yes, please provide:

Name: .....

Address: .....

.....

Telephone: .....

Fax: .....

E-mail: .....

5 **Additional Comments:**

Please leave this completed Feedback Form with the presenter.

Effective Communication

What You Should Do

You can help to promote good physician-patient communication by:

- recognizing that each patient is an individual — engage in some brief "small talk" and ask a personal question or two at the start of the interview
- inviting the patient to give an overview of the problem — including complaints, symptoms and feelings — as she/he experiences it
- showing your interest by listening empathetically — through your posture (face the patient with no desk or table between you, and lean forward slightly); by staying silent except for simple, non-committal acknowledgements; and through active listening (i.e., listening attentively and then "feeding back" your understanding of the patient's message without parroting it)
- asking for clarification when you need to know more about what the patient is saying, and whether the patient is understanding what you say
- asking open-ended questions occasionally (e.g., "Can you think of anything else that may be relevant?" Is there anything else you have experienced?")
- during a physical examination or a procedure, explaining what you are doing, why you are doing it and what you are finding
- sharing your diagnosis with the patient and inviting her/his reactions and questions

Effective Communication

What You Should Not Do

In any physician-patient interaction, try to avoid the following:

- interrupting before the patient finishes her/his message
- ordering/directing/threatening
- moralizing/preaching (e.g., You should participate in the therapy for your family s sake.)
- name-calling/labelling
- judging/blaming
- disagreeing/contradicting
- falsely praising a patient s progress/prognosis
- interpreting/analyzing a patient s motives
- ignoring/diverting/withdrawing when patients express their feelings
- questioning/probing when the patient resists strongly
- advising or giving solutions without hearing out the patient

Active Listening*

Communication is a dynamic two-way dialogue. Active listening the sincere attempt to understand what is being communicated is an important strategy for reducing the amount of misinformation communicated, and increasing morale and satisfaction.

Techniques for Active Listening

Be prepared to listen.	If you have other priorities and time constraints and the patient wants to talk, book another appointment or reschedule to a better time.
Listen to verbal and non-verbal cues.	People provide many cues through body language. Listen for the whole message by paying attention to non-verbal as well as verbal cues.
Listen in an understanding and supportive way.	Give the verbal and non-verbal signals that you are listening. For example, use eye contact and facial expressions to express encouragement, and smile, nod your head or say I see.
Respect the sender.	Recognize any personal biases you have and try to remove them. Show respect to the sender by concentrating on what she/he is saying and avoiding interruptions.
Clarify the sender s message.	Ask questions to ensure understanding. Paraphrase the patient s message to promote mutual understanding and encourage the speaker to continue.

* Adapted from Health Canada, Negotiation Skills Workshop.

Dealing with Conflict

The following six steps provide a useful guide for dealing with the conflicts that can arise during patient consultations:

1. Define the conflict in terms of the patient s needs.

2. Offer some alternative solutions so that the patient has options to choose from.

3. Give an objective analysis of the pros and cons of different solutions.

4. Arrive at a mutually acceptable solution.

5. Develop a gameplan for implementing the solution (i.e., decide who does what, and when).

6. Evaluate the patient s progress and, if necessary, try another solution.

Suggested Reading

Books

Faulkner, A. and P. Maguire. 1994. *Talking to Cancer Patients and Their Relatives.* Oxford: Oxford University Press.

Gordon, T. and W.S. Edwards. 1995. *Making the Patient your Partner Communication Skills for Doctors and Other Caregivers.* Westport, CT: Uburn House.

Stewart, M., J.B. Brown and W.W. Weston et al. 1995. *Patient-Centre Medicine: Transforming the Clinical Method.* Thousand Oaks, CA: Sage Publications.

Journal Articles

Roberts, C.S., C.E. Cox and D.S. Reintgen et al. 1994. Influence of Physician Communication on Newly Diagnosed Breast Patients Psychologic Adjustment and Decision-making. *Cancer* Suppl. 74(1): 336-341.

Stewart, M.A. 1995. Effective Physician-Patient Communication and Health Outcomes: A Review. *Canadian Medical Association Journal* 152(9): 1423-1433.